DOCUMENT RESUME

ED 300 958 EC 211 253

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TITLE Consultation To Improve Teachers' Instruction of the Profoundly Handicapped.
PUB DATE 28 Mar 88
NOTE 9p.; Paper presented at the Annual Convention of the California Association of School Psychologists (38th, Anaheim, CA, March 28, 1988).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Classroom Observation Techniques; Consultants; *Educational Environment; *Educational Practices; Elementary Secondary Education; Expectation; Individualized Education Programs; *Instructional Effectiveness; Interaction Process Analysis; Preschool Education; School Psychologists; *Severe Mental Retardation; Special Classes; Teacher Attitudes; *Teacher Effectiveness

ABSTRACT

The paper summarizes a study of the educational environments of profoundly handicapped pupils enrolled in special education classes relative to the types of learning experiences, social opportunities, and services provided by three teachers in the San Diego, California, school district. The teachers were all in their first year working with the profoundly handicapped and the classrooms each contained 10 profoundly handicapped pupils and included children ranging in age from 3 to 22 years old. The classrooms served the following groups of pupils: those between 4 and 12 years old; those between 12 and 22; and those having multiple impairments requiring constant on-call medical attention; this group ranged in age between 3 and 8 years. The study examined daily activity logs, pupils' records, Individualized Education Programs (IEP). The study also conducted teacher interviews, and applied participant-observation techniques. Findings indicated: (1) teachers interacted in specially patterned ways with assistants, resource staff, and care providers to obtain information about pupils and plan IEP goals; (2) teachers' expectations for individual pupils' growth and development affected the type of interpersonal communication used with the pupils and goal directed activities; (3) teachers used effective practices resulting in the provision of an effective educational environment for the pupils. Key practices were categorized into the following areas: teacher expectations, teachers' interaction patterns, teachers' decisions and plans, interpersonal communication with pupils, and classroom activity structure. Guidelines for school psychologists providing consulting services to special education teachers are also listed. (DB)

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38th Annual Convention
Anaheim, California
March 28, 1987

INTRODUCTION

Since the passage of P. L. 94-142, The Education for All Handicapped Children Act of 1975, which assures all handicapped children a free appropriate public education, profoundly handicapped three to twenty-one year olds have begun receiving broadened educational services in the public schools. In this paper, key findings from an ethnographic study of effective special education classrooms for the profoundly handicapped are summarized and related to consultation strategies that can be used by the school psychologist to improve classroom instruction and activities.

The profoundly handicapped are a widely heterogeneous group having profound mental retardation with a high prevalence of central nervous system pathology and associated medical impairments and physical complications. The Diagnostic and Statistical Manual-III (American Psychiatric Association, 1980) classification for profound mental retardation is an IQ score on an individually administered intelligence test of below 20 with concurrent deficits in adaptive behaviors such as self care, motor skills, communication, socialization, and domestic activity.

The actual number of profoundly handicapped pupils enrolled in the public schools is not known. By using the Pupil Count summary reports issued by the California State Department of Education, we can speculate that the number of profoundly handicapped pupils in special education was between 1, 367 and 5,388 during the 1984-85 school year. These numbers were arrived at by using an estimate proposed by Richard Eyman (personal communication, May, 1985) that .5 cases of profound retardation occur for each 10 mentally retarded persons. Approximately 1,367 special education pupils were profoundly handicapped (out of a total of 27,343 mentally retarded reported) in California for the 1984-85 school year. Profoundly handicapped pupils are reported as multi-handicapped. A total of 5, 388 special education pupils in California were reported as multi-handicapped during the same school year.

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McDaid (1986) studied the educational environments of profoundly handicapped pupils enrolled in special education classes relative to the types of learning experiences, social opportunities, and services provided by three teachers at Revere School in the San Diego Unified School District, San Diego, California. Two basic assumptions were made about the special education teacher's role and the learning capabilities of the profoundly handicapped. The first assumption was that the special education teacher plays a central role in organizing and managing the instruction and services given to pupils or, as termed by Bricker (1976), functioning as an "educational synthesizer". The second assumption was that the profoundly handicapped pupil is a growing, developing person with the capacity to respond to environmental events and engage in interpersonal relations. The study and key findings are summarized in the next section of the paper.

STUDY OF SCHOOL ENVIRONMENTS FOR THE PROFOUNDLY HANDICAPPED

The School Setting

Revere School was originally a Development Center for the Handicapped (DCH) run by the San Diego Association for the Retarded to provide educational services to severely and profoundly handicapped children with multiple handicaps. The school has been administered by the San Diego Unified School District since 1966. The pupils at Revere ranged between three to twenty-two years of age and were representative of the various ethnic, cultural, and economic groups residing within San Diego. Revere School had a total of 114 profoundly handicapped pupils in 12 classrooms at the time that the study was conducted.

All three teachers in the study were in their first year working with the profoundly handicapped. The rationale for selecting these first-year teachers was based on an observation made the principal that Revere was often used as an entry level position by teachers who held the severely handicapped specialist credential. All three teachers in the study held a bachelor's degree. Two teachers were working towards their master's degree, and one teacher held her master's degree in special education. All held their multiple subjects teaching credential and the severely handicapped specialist credential.

The classrooms included in the study contained ten profoundly handicapped pupils each. The researcher met with the Revere School administrative and resource staff to identify specific classrooms in which the teachers were perceived as making an active, ongoing attempt to provide pupils with an effective learning environment. The classrooms were selected to represent a "younger" group of pupils ranging in age between four to seven years old and an "older" group ranging in age between 12 and 22 years old. A third classroom was selected for inclusion in the study because it contained pupils with multiple "health impairments" who required constant on-call medical attention and support. The pupils in this class ranged in age between three and eight years old. Each classroom was staffed by one teacher and two classroom assistants. Resource staff, such as occupational/physical therapist, psychologist, school nurse, vision specialist, and speech/language specialist, were available on as needed basis.

Research Methods

The special education teacher's expectations, decision-making, and classroom activities were studied using: (1) documentation including daily activity logs prepared by each teacher, reports from pupils' records, and Individualized Education Plans (IEPs); (2) teacher interviews; and, (3) participant-observation in which each of the three classrooms were observed for five full school days by the researcher. The constant comparative method of hypothesis testing (Glaser & Strauss, 1967) in which analysis occurred simultaneously with the data gathering was used to investigate hypothesized relationships between the teachers' interaction patterns and their plans for pupils; teachers' expectations, their interpersonal communication, and goal directed activities; and, teachers' management practices and their delivery of caregiving, training, and social ecological services.

Study's Findings

The study's findings indicated the following: (1) the teachers interacted in specially patterned ways with assistants, resource staff, and careproviders to obtain information about pupils, their needs, and to plan IEP goals; (2) the teachers' expectations for individual pupils' growth and development affected the type of interpersonal communication used with pupils and the provision of goal directed activities; and, (3) the three teachers used effective practices specific to their management of time and resources, supervision of classroom assistants, and implementation of planned programs associated with caregiving, training, and social ecological services. Each teacher in the study was observed to carry out certain activities, routines, and interaction patterns that resulted in the provision of an effective educational environment for profoundly handicapped pupils. Their key practices were categorized into the following areas: (1) teacher expectations; (2) teachers' interaction patterns; (3) teachers' decisions and plans; (4) interpersonal communication with pupils; and, (5) classroom activity structure.

1. Teacher Expectations: Each teacher held the expectation that her profoundly handicapped pupils were capable of learning even though, for some pupils, the amount of achievement might be miminal. The teachers' expectations for pupil achievement were based on actual interaction with the individual pupil and information made available through other sources such as careproviders, previous teachers or classroom assistants, and school records. The teachers' expectations were flexible. They continuously probed the extent of their profoundly handicapped pupils' abilities and modified or changed IEP goals with new information.

2. Teachers' Interaction Patterns: The teachers interacted in special patterned ways with classroom assistants, resource staff, and careproviders to seek and obtain information about pupils to plan implement, and evaluate IEP goals. Their interactions with the classroom assistants were continuous throughout the school day and aimed at obtaining information about pupils' behavior, responses, or their general well being. The teachers and their classroom assistants interacted to solve problems or apply mutally derived ideas and "try another approach" with pupils. The teachers elicited information frequently from their classroom assistants to evaluate how pupils were doing during the school day. They maintained routine communication with the resource staff and careproviders about pupils' needs and performance.

3. Teachers' Decisions and Plans: The information obtained about pupils was used to develop IEP goals and objectives for each pupil. As teachers obtained new information, they experimented through "trial and error" with new programs to modify and revise IEP goals. The teachers' plans were subject to disruption with medical emergencies or provision of unusual caregiving such as gavage feedings, postural drainage, suctioning, or tracheostomy care. This was particularly observed in the classroom containing pupils with multiple "health impairments". Each teacher was attentive to situational cues because of the fragile health of the students and serious consequences that could occur with an emergency. When a pupil was observed to be having a "good day", extra programs or new activities were attempted. Close attention to situational cues permitted the teachers make "reactive" decisions which allowed them to optimalize learning and social opportunities for pupils.

4. Interpersonal Communication with Pupils: The teachers' communication with pupils in the classroom was categorized into the following types: (a) social communication aimed at increasing pupils' alertness and responsiveness, e.g. "how are you doing?", "you're such a pretty girl!" or humor; (b) instructional communication in which specific responses, choices, and actions were prompted or demanded from the pupil for example, "say up" as a pupil was prompted to stand, "What do you want? Show me!" as a pupil was being fed; (c) facilitative communication aimed at encouraging pupils' participation through coaxing, explanation, or comforting, e.g., "relax," "come on, you can do it," as a pupil was coaxed through gross motor activities; and, (d) maintenance communication in which the teacher took preventive actions or tended to a student who was having health problems such as a seizure. The teachers were observed to use social and maintenance communication types with all students. Instructive communication was used to demand choices and actions from high expectation pupils Facilitative communication was used to elicit responses from the low expectation pupils. Each teacher developed positive affective relationships with her pupils as evidenced by verbal and nonverbal displays of affection and encouraged classroom assistants to behave similarly.

5. Classroom Activity Structure: Each teacher placed high priority on creating a supportive environment for her staff and pupils. The daily schedule was established and posted in all classrooms observed. Yet, the classroom routine was flexible enough to allow the teacher to respond to individual's needs (not "block" treatment of pupils). Pupil's individual programs in gross motor, communication, recreational, and social areas including gavage feedings, chest percussion therapy, and medications were carried out as part of the morning routine. During lunch time, feeding each pupil was a one-to-one activity. The teachers made certain that positioning or operation of electronic switches to activate leisure time activities were made available to pupils while they were not being fed. Spontaneous social exchanges between staff and the pupils through conversations, humor, and displays of affection were encouraged throughout the school day. Time was set aside, usually in the afternoon, for a daily social activity involving the entire group such as an outdoor activities, birthday party/celebration, or grooming activities with adolescents.

CONSULTING TO IMPROVE CLASSROOM INSTRUCTION

The above findings about effective classroom settings can be related to the following areas that the school psychologist can focus on to improve the special education teachers' instruction of profoundly handicapped pupils and her provision of classroom activities.

1. To what extent does the teacher expect her pupils are capable growth and development and take personal responsibility for providing instructional programs that promote optimal learning?

2. To what extent are classroom routines characterized by flexible schedules that are responsive to individual pupils instead of fixed routines and group or "block" treatment of pupils?

3. To what extent and how does the teacher use the social, instructive, facilitative, and maintenance communicative styles with pupils?

4. To what degree does the teacher require that her pupils make choices and decisions continuously throughout the school day?

5. To what degree does the teacher evaluate and document pupil progress and, then, modify or revise IEP goals/objectives based on pupils' needs?

6. To what extent does the teacher set a positive emotional tone in the classroom which is supportive of pupils?

7. Is the daily schedule flexible enough to allow the teacher to make "reactive" decisions that optimize time spent with pupils when they are having "good" days?

8. Does the teacher involve her classroom assistants in planning instructional activities and seek their observations about pupils?

9. Does the teacher seek information from and involve careproviders in planning their children's instructional programs through routine communication by notes, phone calls, and home visits?

10. Does the teacher structure activities in the classroom to allow for spontaneous social exchanges between staff and pupils and between pupils and their peers?

Other areas, which were beyond the scope of the study, but can be addressed as the school psychologist works with teachers, classroom assistants, administrators, and resource staff are given below.

a. How effectively does the classroom teacher work with and supervise other adults such as assistants to accomplish instructional plans and goals. New teacher are often required to supervise classroom assistants who are older and more experienced than themselves in working with the profoundly handicapped. More comprehensive inservicing and support needs to be given to increase teachers' effectiveness in this area.

b. The role of the classroom assistant needs closer examination particularly in light of how to capitalize on their experience and how to enhance their working relations with teachers, resource staff, and careproviders.

c. A high adult to profoundly handicapped pupil ratio is needed to carry out instructional programs, feeding, grooming activities, and unusual caregiving such as suctioning, tracheostomy care, gavage feeding, and chest percussion therapy . Optimal class size and deployment of staff and resources are critical factors influencing teachers' effectiveness.

d. Because of the fragile health and serious illnesses of many profoundly individuals, teachers (and other staff) who form close attachments with pupils are likely to experience anticipatory or actual grief reactions as an individual pupil has deteriorating health or dies. The provision of counseling support to staff members who are experiencing grief is a high priority.

Other areas that that school psychologist needs to address through consultation include adequate provision of equipment and materials (adaptive switches, therapy equipment, applicances such as warming trays and blenders for school meals, and bathroom facilities), staff who are physically able to lift, and diaper older pupils who are large and heavy, "burnout"/job disillusionment among staff members, and the degree to which pupils participate in community-based programs and mainstreaming activities. Serving the profoundly handicapped in public school settings is just beginning, and the provision of effective education to these atypical pupils constitutes a real challenge to special educators. Working with school staffs to improve classroom instruction requires innovation on the part of the school psychologist. These efforts need to be coordinated across school, community, and home settings to provide optimal and comprehensive services to profoundly handicapped children.

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Abstract

In this paper key findings from an ethnographic study of effective special education classrooms for profoundly handicapped pupils, ages 3-21 years of age, are summarized and related to consultation strategies that can be used by the school psychologist to improve classroom instruction. Consultation strategies in the areas of teacher expectations' teachers' interaction patterns; teachers decisions and plans, interpersonal communication with pupils; and, classroom activity structures are given along with suggestions for improving teachers' supervision of classroom aides, how to address pupil's caregiving needs, and teachers' needs for support in light of pupils with chronic or terminal illness.

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